FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

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2014 JUL 21 AM 7:31

COMMITTEE NAME (Must be same as on Statement of Or	manization)			
Kathy M. Christianson		FORM		
IMPORTANT: Indicate by # type of committee you are reporting fo (1)Statewide/Legislative/Judge Standing for Retention Candidate (4)County Central Committee (5)County Candidate (6)City Car Subdivision Candidate (8)County PAC (9)City PAC (10)School 11) Local Ballot Issue	( F	(Rev. 12/2009) DISCLOSURE REPORT  For Office Use Only Comm. # 19253		
CANDIDATE COMMITTEES ONLY: Candidate Name Kathy M. Christianson	Political Party (if applicable) Republican	Lo So	Comm.#	
Office Sought Humboldt County Recorder	District (if Senate or House)			
Late reports are subject to possible civil and criminal penalties. P candidate's committee, and the chairperson, for any other type of	rursuant to lowa Code sections 68B,32A f committee, is the individual responsible	(7) and 68A for filing ti	A.401(3), the car mely and accura	didate, for a te reports.
SIGNATURE OF PERSON FILING REPORT	515-290-2154 TELEPHONE	2	7/18/14 DATE SI	GNED
S-h-1-1- D	REPORT FOR (1) ELECTION	/(2)NON-E	LECTION YEA	R.
(report date)	Indicate by			
CHECK IF AMENDMENT TO REPORT DATED	_	Local Comm	nittees, enter Dat	e of Election
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	of Dissolution Form DR-3.		ocal Committees,	CONTRACTOR STATE OF THE STATE O
STATEMENT OF CASH ON HAN	D	الشب حسس		
CASH ON HAND at the beginning of the reporting period. (T committee. This amount MUST be the same as the	cash on hand at the end		0.00	
of the last reporting period or must be zero if this is	first report filad.)	\$	0.00	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Sche			-	
Schedule F: Loans Received total (Attach Schedule			-	4
Schedule H: Total Sales of Campaign Property (Att			and the same of th	
(Schedule H applies to Candidates' Com			0.00	
SUBTRACT TOTAL MONEY SPENT THIS PERIO	SUB-TOTAL	\$	0.00	
Schedule B: Expenditures total (Attach Schedule B				
Schedule F: Loan Repayments total (Attach Sched			0.00	
CASH ON HAND at the end of this reporting period (if final re	port balance must be zero)	\$	0.00	
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$		
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sche	edule E)		813.25	
**OUTSTANDING LOANS (Free Debut L. A				
CO ISTANDING LOANS (From Schedule F - Attach Sched	ule F)	\$		
CONSULTANT BREAKDOWN (Schedule G Attached?)	ule F)	\$	YES1	10
CONSULTANT BREAKDOWN (Schedule G Attached?)	ule F)	\$	YES 1	10
		\$ \$	YES1	10

FOR INSTRUCTIONS, SEE BACK OF FORM	SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization) Kathy M. Christianson	(Rev. 06/97)	IN-KIND CONTRIBUTIONS
[Reset]	A A A PER A LEG	THIS BOX IF DING FORM

DATE		operation and the second secon	Eprinal Calabana de la marcha de la company		
RECEIVED	NAME AND ADDRESS	RELATIONSHIP	DESCRIPTION	ESTIMATED	√ IF FOR
(MM/DD/YR)	OF CONTRIBUTOR	TO CANDIDATE	OF IN KIND	FAIR MARKET	FUND-RAISER
(IIIIII)	OF CONTRIBUTOR	* (if applicable)	CONTRIBUTION	VALUE	CONTRIBUTION
	Kathy M. Christianson	Candidate	Cash	\$	
05/29/14	105 Taft St N	Candidate	Casn	813.25	
	Humboldt, IA 50548				
				1	
				-	
		1		1	
			SUB-TOTAL	\$	
			813.25		
			TOTAL (if last	\$	
			page of this	912.25	
			231 12	813.25	
			schedule)		
				The second of the second of	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_ of \_\_\_ l (for Schedule E)